

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)							FILING DATE	
CLAIMS							APPLICANT/EL	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.		
1							61	
2							62	
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60								
TOTAL NO.							TOTAL NO.	
TOTAL DEF.							TOTAL DEF.	
TOTAL							TOTAL	